

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 657-2941



September 16, 1993

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Specialists/Liaisons

Letter No.: 93-67

AUTHORIZED SIGNATURES—DHS 2031 (FORMS ORDER)

The Department of Health Services (DHS) Warehouse requires an authorized signature on all DHS Warehouse Forms Order sheets, DHS 2031, before the Warehouse will release any forms to the counties.

Over the last six months, the DHS Warehouse has received numerous DHS 2031 forms orders that have unauthorized signatures.

Several years ago, counties were requested (All County Welfare Directors Letters (ACWDL) 85-50 and 89-10) to submit to the DHS Warehouse the name and telephone number of their forms coordinator and the name of the person(s) authorized to sign the DHS 2031. A file of the authorized signatures was established by the Warehouse; however, many counties have had personnel changes and consequently, authorized signatures changes. It is standard procedure for the Warehouse to return the DHS 2031 back to the county or to the State DHS Medi-Cal Eligibility Branch, Forms Coordinator, Seymour Reed for signature and/or authorization. Both procedures are time consuming and delay county receipt of forms.

To insure the DHS Warehouse records are kept up-to-date, we request that each county send the enclosed for the DHS Warehouse by September 17, 1993 stating the name of the person(s) authorized to sign on the DHS 2031. The letter should be updated if authorized signatures become invalid.

If you have any questions regarding the forms ordering process, please contact Seymour Reed of my staff at (916) 654-0840.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Ms. Norma Cline
DHS Warehouse
1037 N. Market Boulevard, Suite 9
Sacramento, CA 95834

ENCLOSURE

DHS Warehouse
1037 N. Market Boulevard, Suite 9
Sacramento, CA 95834
Attention: Norma Cline

Date:

County:

The following county personnel are authorized
to sign DHS 2031 (Forms Order):

<u>Name (Print)</u>	<u>Signature</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The County Forms Coordinator is: _____
(print name)